

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Keep the Promise III, Inc.		FEC IDENTIFICATION NUMBER ▼ C C00575423	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Facebook - [Memo Item]			Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 03 / 2015		
Mailing Address 1 Hacker Way			Amount 1657.33		
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.4404		
Purpose of Expenditure Digital Media Production/Placement		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 12 / 03 / 2015		
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Facebook - [Memo Item]			Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 08 / 2015		
Mailing Address 1 Hacker Way			Amount 3633.39		
City Menlo Park	State CA	Zip Code 94025	Transaction ID : SE.4405		
Purpose of Expenditure Digital Media Production/Placement		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 12 / 08 / 2015		
Name of Federal Candidate RAFAEL EDWARD 'TED' CRUZ			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5290.72
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jon Francis

[Electronically Filed]

Date

MM / DD / YYYY
12 / 11 / 2015

Signature